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DOI:

[10.1108/TLDR-08-2018-0024](https://doi.org/10.1108/TLDR-08-2018-0024)

Document Version

Peer reviewed version

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Citation for published version (APA):

Stevens, M. (2018). Commentary on "workforce development: perspectives from people with learning disabilities". *Tizard Learning Disability Review*, 23(4), 173-177. <https://doi.org/10.1108/TLDR-08-2018-0024>

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Commentary on ‘Workforce development: perspectives from people with learning disabilities’

To cite this article:

Martin Stevens, (2018) "Commentary on “workforce development: perspectives from people with learning disabilities”", *Tizard Learning Disability Review*, Vol. 23 Issue: 4, pp.173-177, <https://doi.org/10.1108/TLDR-08-2018-0024>

Abstract

Purpose

The purpose of this commentary is to explore links between the staff values and skills identified by Davies and Matuska and other literature. The commentary aims to place these values and skills in the context of established approaches to working with people with learning disabilities, to explore their impact on recruitment and to outline limitations on their applications.

Design/Methodological approach

The commentary explores the implications of Davies and Matuska’s findings, relating these to previous research and policy literature.

Findings

The commentary argues that it is important to stress the complexity of working with people with learning disabilities and the qualities of workers required. In addition, the importance of values-based recruitment is also supported. Finally, the commentary points to the importance of creative ways of overcoming the limitations presented by current austerity policies.

Implications

Originality/Value

The commentary links characteristics and skills of staff valued by people with learning disabilities with person-centred care and values-based recruitment.

Introduction

It is obviously important to have an understanding of the qualities and characteristics of staff that are valued by people with learning disabilities and their relatives. As Davies and Matuska indicate, this can apply to staff in all settings, including housing support workers, personal assistants and so on. This commentary will explore how these insights fit with other research and how they fit with a person-centred approach to working with people with learning disabilities. The implications for recruitment will be explored and the limits on their application will be briefly outlined.

Characteristics and skills valued by people with learning disabilities

In the limited research on this topic, there appears to be consensus that adults with learning disabilities value interpersonal skills above knowledge and practical skills (Dodesvka and Vassos, 2012; Hatton *et al.*, 2009). Such an emphasis is also found in studies of the preferences of older people (McCormack *et al.*, 2006; Soares, 2018). Davies and Matuska identified these characteristics and interpersonal skills as being valued by people with learning disabilities:

- Ability and willingness to listen
- Patience
- Happy and positive attitude
- Encouraging people to speak up for themselves
- Good communication skills
- Reliability
- Sense of humour.

All of these qualities and skills may be somewhat culturally specific, as they are all elements of behavioural norms or interactional styles, which vary across cultures. In noting this, Bourgeault *et al.* (2010) argue that cultural differences can interfere with good communication, for example. Such factors need to be taken into account when recruiting care workers and in allocating work.

Respondents to Davies and Matuska's consultation also expressed their desire to learn skills, such as cooking, finding a job or use public transport and to live an independent life. They expected staff to help with these goals, which are more likely to be specific to people with learning disabilities. However, staff skills and knowledge in supporting people to learn such practical skills are not the same as the knowledge and skills sometimes valued by managers, such as knowledge of the effects of different syndromes (e.g. Prader Willi), or knowledge of the social care system.

Dodesvka and Vassos (2012) also make the point that the knowledge and practical skills privileged by managers are also essential to good practice. Skilled care workers need to be able to employ their knowledge and practical skills as part of positive interpersonal communications (Soares, 2018). For example, McCormack *et al.* (2010) argue that in nursing, the giving of physical care could be an 'in' to start developing positive relationships and communication, and the same could well be the case in other aspects of care work with adults with learning disabilities.

Hatton *et al.* (2009) approach these issues from the standpoint of developing appropriate sets of competences for working with people with learning disabilities that enable staff performance to be measured. They apply the understanding that interpersonal elements such as those identified by Davies and Matuska may have more influence on the quality of service than the skills and knowledge identified by managers, although acknowledge that managers' requirements for knowledge of the service and aspects of different syndromes, (for example) are also important. Hatton *et al.*'s approach was to use a 'worker-oriented job analysis method' (p.55) rather than a 'job focused' analysis, on the basis that care work evolves and changes, making characteristics of the worker more important. The overall aim of Hatton *et al.*'s work was to develop a means of assessing performance of staff working with people with learning disabilities, which would be informed by people with learning disabilities and their relatives or informal carers.

Dodevska and Vassos (2012) identify a number of difficulties in identifying the perspectives of people with learning disabilities about their staff. As with Davies and Matuska's evaluation, participants had to be able to take part in an interview, which excludes adults with severe or profound learning disabilities. In addition, it has been shown that people with learning disabilities are often reluctant to criticise their support staff. It would be interesting to see further, perhaps more observational, research being undertaken to explore whether other valued characteristics could be identified, and to identify which were most important to people with more severe or profound learning disabilities.

Person-centred care

Many of the characteristics and interpersonal skills identified by Davies and Matuska fit very well into ideas about person-centred care, in relation to people with learning disabilities as well as older people, disabled people or people with mental health problems. Brown *et al.* (2015, p.974) identify key elements of person-centred care as being focused on interpersonal skills and practices:

"Effective person-centred practices are based around skilled interactional and interpersonal processes, which focus on the need to understand the individual's needs, perceptions and motivations in life."

McCormack *et al.* (2010) outline a framework for person-centred care in nursing, in relation to disability, mental health and older people. The framework covers four domains: three of which, 'pre-requisites'; 'care environment'; and 'care processes', influence outcomes, the fourth domain. The 'care processes' domain highlights factors that chime well with the characteristics valued by people with learning disabilities by Davies and Matuska:

- Working with patients' beliefs
- Engagement
- Sharing decision-making
- Having sympathetic presence
- Providing for physical needs.

The importance of good interpersonal skills is also seen within the ‘pre requisites’ domain. McCormack *et al.* (2010) found that all of these aspects were important in promoting good outcomes. They also considered a range of factors going beyond relationships between staff and patients (their study focused on nurses), including elements of the environment, which can promote or inhibit the development and maintenance of good interpersonal interactions valued by people with learning disabilities in Davies and Matuska’s article.

Interestingly, McCormack *et al.* (2010) make the point that contexts, such as shift patterns, staff relationships and approaches to risk taking, can promote or inhibit nurses’ abilities to encourage self-management and decision-making, factors seen as important in Davies and Matuska’s article. Having enough time to develop relationships and practice in a positive way was also an important factor. This places Davies and Matuska’s evaluation within the broader context of factors required in *services*. Training and education need to encompass the development of these characteristics and skills and support staff to put them into practice effectively, as do organisational support and staffing levels, so that staff have the time to work in a person-centred way.

Recruitment and retention

There are shortages of care workers, across the whole sector, which has higher levels of vacancies and staff turnover rates compared with other parts of the economy. Skills for Care (2017) found turnover rates of 26% in care homes and 33% in home care services, compared with a 15% staff turnover rate in the wider economy. Such high levels of turnover and staff shortages affect learning disability services more keenly than other organisations. In addition to the time and resource needed for recruiting and training new staff, adults with learning disabilities tend to find it difficult to develop trusting relationships with new staff (Bates and Davies, 2004).

Consequently, it is of great importance to ensure that the right kind of staff are recruited, as they are more likely to stay longer in post, or at least with social care, as found by Moriarty *et al.*, (2017). This places greater emphasis on understanding the most desirable qualities of staff working with adults with learning disabilities, such as those identified by Davies and Matuska. There is evidence that staff who ‘fit’ well within a work environment have higher job satisfaction and therefore be more likely to remain in post (Duffy *et al.*, 2015). It would be plausible to think that ensuring that staff have the characteristics and qualities valued by people with learning disabilities would fit better into the environment and experience greater job satisfaction and be more likely to continue working in the sector.

Many of the factors (e.g. patience or a happy and positive attitude) can be translated into the values of workers. Consequently, a values-based recruitment (VBR) approach could easily incorporate these insights. Consilium Research and Consultancy (2016, p.1), in the final report of a *Skills for Care* evaluation of values-based recruitment, defined the approach as:

“finding and keeping people who have the right values and attitude to work in care and supporting staff to develop their skills and knowledge to enable them to provide high quality care.”

Their survey found that almost three-quarters of social care employers claimed to be using this approach to recruitment. In addition, it was reported that almost all employers using VBR were very positive about its impact on the social care workforce. Staff recruited through VBR were believed by managers to have stronger care values of “respect”, ‘empathy’, ‘compassion’, ‘treating people with dignity’, and ‘integrity’ (Consilium Research Consultancy, 2016, p.11). All these values are clearly linked to the valued characteristics identified by Davies and Matuska and others.

Moriarty *et al.* (2017) also found support for VBR from social care managers and noted that these managers often described these values as being very important, but also acknowledged that practicalities often meant that recruitment was not completely dictated by this approach because of the limited number of applicants. This could result in a workforce made up of a group of highly dedicated staff, with the right mix of values and skills and another group who were less committed to the work and would be highly likely to move to other kinds of employment, such as retail work, if better paid opportunities existed.

Limitations restricting staff working in valued ways

If a good proportion of social care workers with the characteristics and values seen as important to people with learning disabilities can be recruited, there are a number of factors that limit their ability to enact these values. First, the staff shortages outlined above mean that many are likely to work in understaffed residential services or community support settings. This makes it much harder to work in ways that allow people with learning disabilities to voice their preferences and opinions, which in any event might be hard to support, because of the limited resources. All of these factors have been exacerbated by the period of austerity since 2010, which the Local Government Association (LGA, 2017) predicts will mean reductions in local council spending on social care of £16 billion by 2020. Consequently, there is little scope for increasing social care workers’ pay and, perhaps more importantly, there are restrictions on the amount of support available to people with learning disabilities. Working in accord with the values identified is going to be more difficult in these circumstances.

Conclusion

It seems clear that the values identified by Davies and Matuska fit very well with those found in other research. It is an important reminder about the importance of social care work, and its complexity. Working with people whose communication is often limited requires individuals with strong values and characteristics. Seeing these factors within ideas about person-centred care seems to be an important way of promoting their value in social care. One consequence of this is to emphasise the values in recruiting social care workers. Finding creative ways to overcome some of the limitations in the current context will be critical in ensuring that there are sufficient care workers with the necessary, valued characteristics and skills. Further, employing organisations need to find ways to support such staff to employ their skills to the full and work in ways consistent with their values so that people with learning disabilities receive the support they want and need.

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